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INVERSION OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In perusing your monthly series for June, I observe a case of inverted uterus, reported by Dr. Fisher, of Waynesville, Ohio, which you credit to the Illinois Medical and Surgical Journal. As you have brought the subject before your readers, I am induced to send you the history of a case which fell into my hands in 1842, not so much on account of its successful termination, as to disprove a generally-adopted opinion that a *complete inversion cannot be restored, and should not be attempted* after a very few hours' standing. It is at your disposal.

Wednesday morning, Nov. 23d, I was called into an adjoining town to attend upon Mrs. ———, an intelligent lady, aged 30, in travail with her fourth child. Was informed, on arrival, at 6 o'clock, that labor commenced about 4, by the spontaneous bursting of the membranes—that pains immediately followed and were progressing. On examination per vaginam, the head was found low in the pelvis, presentation natural, os uteri about half dilated, soft parts lax. Learned that her health during pregnancy had been good, with the exception of having carried her child very low, which she attributed to having been pressed in a crowd some months previously. Labor went on briskly till about 8, when she gave birth to a male child weighing 8½ lbs. About five minutes elapsed, when by the assistance of a hand on the abdomen the placenta came away without the slightest difficulty, attended with but little pain.

Patient was now cheerful, and acceded to the remark that she had passed through this labor much more easily than any previous one, which was true; and remained so, till everything being in readiness, she was raised and placed in a large chair (a practice common in this region, but not justifiable) for the purpose of adjusting her bed, and making a change of linen. Immediately upon being seated, she remarked that she was fainting, which was obvious, and thereupon she was placed in a recumbent position and as quickly as possible re-placed in bed. As soon as consciousness was restored, a severe pain occurred, attended with an immoderate flooding. Others followed, accompanied with the same unpleasant symptom. It did not occur to me at the time that I had anything more to contend with than a severe form of after-pains with their accompaniments. The usual precautionary measures were taken, and remedies prescribed, to be varied as circumstances indicated. I remained

a short time, and thinking her more comfortable, gave further directions to her nurse, and left her. I saw her again next morning (Thursday), when I was informed her pains continued unusually severe, attended with more than ordinary flooding, cold extremities and partial faintings, till late in the evening, when all unpleasant symptoms subsided; that although she did not get much sleep, she had been about as comfortable since, as usual the first night subsequent to her confinements, and just previous to my visit had been up in her chair and had a change of bed and linen, without inconvenience. She now was bright and cheerful, and to all appearance as comfortable as was represented, with the exception of an unusual paleness and feeble pulse, indicating much loss of blood.

I did not hear from her again till Friday afternoon, 5 o'clock, when I was summoned by her husband on account of "a difficulty in making water." I immediately visited her, and found she had passed urine but twice since last visit, and then while lying on her back; that when attempting it in the erect posture there seemed to be an obstruction in the way which prevented; that this was known to have existed previously to my visit on Thursday morning, but was not thought of sufficient importance to mention. Found pulse frequent, abdomen tumid, countenance anxious, skin dry and hot, with considerable thirst.

In attempting an examination per vaginam, the finger encountered a firm resisting substance, imparting a rough, fungous or spongy feel, occupying nearly the whole vagina. At first I was at a loss to determine what I encountered, as I had never before had any practical experience of the kind. I was prepared, however, to expect the worst, and after examining its most depending part, I pressed my hand into the vagina and carried it up along the surface of this substance till I reached the upper part, from which it hung by a small neck. That I might not be mistaken in my diagnosis, I partially withdrew my hand and again minutely examined the fundus and body of the substance, and again raised it to its neck and the broad, smooth surface from which it was suspended. The first impression given to my mind in regard to shape, was the common olive-oil flask, in size a little larger. The mouth of this tumor was not to be found. It was evidently looking upwards into the abdomen, and my patient's situation was not to be mistaken. The fundus, body, neck and mouth of the uterus were completely inverted.

What was to be done? It was now fifty-seven hours subsequent to delivery. Should I abandon her with the bare hope that she might survive, like the "solitary case" reported by Dr. Dewees? or with the more probable expectation that she would linger out a short and miserable existence, and then fall into an untimely grave? Or should I try, against hope and my preconceived notions, and the experience of many of my professional brethren, and the declared opinions of writers on midwifery that a complete inversion of a few hours' standing could not be reduced, to reduce it? Agreeably to my motto never to "give over" a patient while a gleam of hope remains, I determined to try and effect a reduction, although I could not reasonably expect to succeed.

With this in view, I grasped the inverted fundus firmly, and pressed

steadily for several minutes for the purpose of diminishing its size as much as possible by relieving it of blood; and then carried my hand up along the body and compressed this part of the organ in like manner, and also the neck. I then withdrew my hand sufficiently to place my knuckles in the centre of its most depending part, when I pressed upwards in the axis of the body and neck, and before I relaxed my efforts found them considerably imbedded in the substance of the tumor. I however desisted, and again went through with the manipulations of compressing the fundus, body and neck, as before. I now withdrew my hand so as to place my extended fingers at the apex of the fundus, when I urged them upward and was satisfied that the neck was more yielding and my efforts not unavailing. In this way I persevered, varying according to indications, for about one hour, when the fundus and body retired within the neck, which I followed with the index and middle fingers, when the mouth seemed to yield, and the whole organ took its normal position as if by suction.

My patient, with a seeming determination to live, endured the operation with heroic fortitude. No blood of consequence was lost. She was now replaced in bed upon her back, pillows prohibited, thighs closed, foot of the bed raised, diluted alcohol upon the abdomen, and the strictest rest enjoined.

Neither hemorrhage, faintings or pains followed, with the exception of slight pains in the side just above the right ilium, which recurred at intervals for a considerable time upon extra exertion. Milk was slightly secreted about the fourth day, child nursed, a slight mucous discharge from the vagina was kept up, moderately tinged and rather offensive, accompanied with hot skin, coated tongue, and accelerated pulse, for nearly four weeks. During this time she was confined strictly to her bed, and a rigid diet observed, with slight medication, after which she gradually recovered, and has since enjoyed very good health. Catamenia regular after weaning her child. She has not since been pregnant.

West Amesbury, July 20, 1846.

Yours, truly,

BENJ. ATKINSON.

CASE OF BRIGHT'S KIDNEY—VALUE OF ELATERIUM AS A REMEDIAL AGENT IN DROPSICAL AFFECTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MARY RISINGER, aged 45, slim form, sanguine temperament, florid complexion. Born in England, but removed early in life to Upper Canada, became the wife of a butcher, and assisted her husband in his avocation, by attending with him the markets, in that inclement climate, at all seasons of the year. Left Canada in 1837, and came to this city, where she has resided ever since. Had been always healthy until 1840, when she had a severe attack of hepatitis, since which she has been subject to pains in the lumbar region. I was called to see her on the 12th of June last. She had previously been under treatment of two physicians in this

city for three months, who pronounced her case to be *hydrothorax*, with *pericarditis*, for which she was bled, copiously, and put under a rigid course of antiphlogistics. On my first visit, I found the patient bolstered up in an arm-chair, and suffering great pain from enormous anasarca and ascites. Severe dyspnoea—the anasarcous limbs extremely sensitive and painful to the touch—blotches of discolored cuticle, extending as high as the knee, and the skin so tense as to threaten instant abrasion. Countenance anxious and Hippocratically expressive. Pulse 78, full and sharp. The pain being more severe in the legs and feet, I ordered them to be immersed in salt and water at a temperature of 160° Fah., and the temperature to be sustained for half an hour. R. Morph. sulph., gr. ss. stat. sumend. In about two hours the pain in the limbs had somewhat abated. I bandaged them firmly from the toes to some distance above the knee, had them placed in a chair on a pillow. About 1 o'clock, A. M., she was able to assume a horizontal position (a thing she had not done for three weeks), and obtained some sleep towards morning, the pain in her limbs entirely subsiding.

June 13th.—On my visiting her this morning, she expressed herself "much better." The bandages were slackened, and the tenseness of the skin considerably lessened. Abdomen much enlarged, and on percussion demonstrated a large amount of fluid in that viscera. Complained of a "shooting" pain over the region of the right kidney, and on examination I found it very sensitive on the slightest pressure. However, as the anasarca and abdominal effusions were the most prominent affections, I determined to put my patient under a course of elaterium. R. Ext. elat., gr. ij.; scillæ pulv., ʒj. Divide in pulv. iv. Cap. j. quaq. hora.

14th.—Passed a good night. Voided three very copious and watery stools, of a fetid character, but had slept well during the intervals. On administering the last powder it was ejected by emesis, with a considerable quantity of pea-green bile. Pulse 73, soft and compressible. Countenance improved, but complains of nausea and occasional vomiting. Omit the elaterium at present. Diet, arrow root, sago or tapioca.

15th. 8, A. M.—Pulse 74, with some sharpness. Passed three liquid stools during the night. Still complains of nausea and vomiting. On measuring the circumference of the abdomen, I found it had lessened three inches and a half. Anasarca much less. Skin more natural in color, and a gentle diaphoresis pervades the whole body. R. Ext. elat., gr. ij.; morph. acet., gr. ss. Divide in pulv. vj. Cap. i., ter quaq. hora.

16th.—Rested well. Vomiting ceased. Abdomen decreased six and a half inches. Continued the elat.

17th.—Pulse 76, small and irritable. Four copious watery stools since yesterday. Anasarca trifling, except the ankles. Continue bandaging night and morning. Complains of "shooting" pains in the right kidney. R. Spt. eth. nit., ʒij.; tinct. opii, ʒj.; tinct. digitalis, ʒij.; aqua, ʒij. Cap. coch. parv. j. ter quaq. hora. The anasarca and ascites having in a great measure subsided, my attention was drawn to the renal organs, and particularly the right one, of which she complained the

most, and from constitutional symptoms (of which Dr. Prout makes mention) I concluded this to be a case of "Bright's kidney," or granular derangement of that organ (called, I think, by Prout, anæmotrophy). In order to develop the correctness of my diagnosis, I requested the nurse to obtain some of the patient's urine and send to my office. Happening to have a professional call, I was prevented from testing the urine until the next morning, and although the urine was pale and clear when I first saw it, I found, on looking at the bottom of the phial, a thin crust of a yellowish precipitate. I poured one ounce of the urine into a glass tube, and applied to it a spirit lamp until its temperature became 160° Fahr.; white clouds began to rise, and the urine had a milky appearance. On increasing the heat to 212°, large arborescent flakes of albumen began to float from the bottom of the tube to the surface of the fluid, and were gradually precipitated, leaving the supernatant liquid perfectly colorless. The quantity of albumen was rather more than one third of its volume. This test I considered very strong presumptive evidence of the peculiar character of the disease.

17th.—This morning Dr. Amzi Martin, of this city, was called in consultation, and his opinion entirely coincided with my own as to the diseased kidney, being a granular degeneration of that organ. R. Tinct. digitalis, 3 ij.; camphoræ, 3 ss.; ovel. vit., j.; aqua, 3 ij. Ft. tinctus. Cap. coch. parv. i. secund. quaq. hora.

18th.—Slept well; pulse 68; no pain in back or region of the kidney. Diet, arrow root in milk.

19th.—Sent for early this morning. Found my patient vomiting bilious matter. Considerable arterial excitement; carotids beating violently. Stools thin and of a dirty white color, having flocci floating on the surface. From these symptoms, I concluded that the liver as well as the kidneys was organically deranged. R. Hyd. sub., gr. xv.; pulv. ipecac. c., gr. xij. Ft. pulv. ij. Cap. i. sec. quaq. hora. In four hours the vomiting ceased, pain gone, carotids quiescent, and "*tout-en-semble*" of my patient improved. R. Ol. ricini, 3 jss. Cap. hora somni.

20th.—Much better this morning. Passed several very black and fetid stools during the night. Says "she is better, and feels better than for a month previously."

21st.—Much the same as yesterday. *Abdomen normal, anasarca entirely subsided.* Skin rather harsh and dry. R. Liq. ammon. acet., 3 ij.; mist. camph., 3 iv. Cap. coch. amp. i. ter quaq. hora. 8 o'clock, P. M.—Skin moist, considerable diaphoresis about the head and neck. Slept three hours to-day, and expresses herself much refreshed.

22d.—Complains of her mouth being sore; slightly ptyalized. Two stools, with some blood intermixed. Complains of numbness of the leg and thigh. Has some tenesmus and pain in region of rectum. R. Starch injection, and a suppository of opii gave great relief.

23d.—Same as yesterday; apparently convalescing. Pulse 70, soft, but occasionally intermittent.

24th.—I was sent for at 2, A. M., in great haste, with the astounding intelligence that my patient was dying. On entering the bed-chamber I

was forcibly struck with the rapid change that had taken place in a few hours. Countenance anxious, great dyspnœa, vomiting pale-green bile in considerable quantities, severe pain round the umbilicus to the right kidney, occasional subsultus tendinum. R. Acet. morph., ss., stat. sumend. Pain subsided in half an hour, and she fell asleep.

25th.—Complains of no pain, but is roused with difficulty. Pulse 78, small and intermittent. I fear coma is about to take place. Extremities cold. R. Anmon. carb., gr. xx.; camphora, gr. x. Divide in pulv. iv. Cap. i. ter quaq. hora.

26th.—Profound coma. Stools normal, but fœtid; perfectly conscious of surrounding scenes. Made a distribution of some property. Occasionally severe sub. tend.

27th.—Continues the same, and is evidently fast sinking. Much difficulty of deglutition. Pain extending from the umbilicus to the right spinal region.

28th.—Lies prostrate on her back. Stools normal, passed in bed. Retained her mental powers until the last moment, and expired at 2 o'clock, P. M.

Autopsy, five hours after death. Present, Drs. Sugg and Martin. Cavity of cranium not examined. Thoracic cavity—lungs normal, with the exception of some slight adhesions on the pleural side. Heart was generally softened, and the valves in particular. Liver lobulated and indurated throughout its whole extent. Part of the inferior lateral lobe has been destroyed by previous inflammation. Several extensive cicatrices were visible, and many points of suppuration existed throughout its whole anterior surface. Spleen atrophied and indurated. Kidneys anæmotrophied and indurated. In the cortical substance extensive granulated points, effusing, on being cut, a slightly-tinged yellow fluid. Some hydatid cysts were seen also in both kidneys, and several sacs in which hydatids were supposed to have existed. Uterus. This organ was rather smaller than natural. Several tumors were found in different parts of the womb, and, to the feel, of a strong hardness. The *right* ovary contained an osseous deposit, about the size of a hazel nut. In this osseous part was a cavity, containing a dark grumous fluid. The left ovary was much enlarged and hardened, and contained a large cyst filled with a white limpid fluid. The os tincæ was almost entirely closed, the orifice not being larger than would admit the point of a pin. The whole uterus bore evident marks of incipient cancer. No other abnormal appearances observed.

E. C. Sugg, M.D.

Louisville, Ky., July 27th, 1846.

RETROCESSION AND SUBSEQUENT APPEARANCE OF THE ERUPTION IN RUBEOLA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to make an inquiry, through the medium of your Journal, respecting an anomaly which has lately taken place in this

village. I say anomaly, for so it appears to me, not having seen anything of the kind recorded.

We frequently hear of "remarkable things" happening in the sick chamber, under the observation of the wise and knowing *grammies* of the day. Viewed through their spectacles, disease cuts up peculiar freaks, and often departs in its course from long-established laws. Such things we are willing to admit, under the head of "old woman's whims," for nothing is too absurd to be rejected from that catalogue. But when we hear of anything of pathological interest, which has not been noticed, or at least described, by writers from time immemorial, going forth clothed with professional authority, it ought to be reported and discussed, that the facts of the case (if they are *facts*) may be brought before the profession, and in future noticed by authors, for the benefit at least of those who are pursuing the study of medicine.

The statement of the case is substantially as follows. A young man, about the age of 20, was attacked in the month of March last, and to all appearance, as noticed by the attending physician, had a "regular run" of the measles. The contagious disease in question had its period of incubation, its acme, its decline; and the patient recovered, without any one supposing at that time that there had been a retrocession of the eruption. But on the 14th of July he was again attacked with what the physician *then* called dysentery. The patient suffered considerable abdominal pain; there was tenderness in the umbilical and left iliac regions; the desire to defecate was urgent and frequent, with sanguineous, mucous discharges and tenesmus. These symptoms were combated with the usual remedies for such cases, and with success in relieving the distressing symptoms. But still the disease proved obstinate, and about the 22d, the vital powers began to flag in the performance of their functions, but by the use of appropriate stimulants and nourishment he was kept along, growing weaker from day to day, until the 27th, when an eruption appeared, resembling (I am told, for I did not see the patient at this stage of the disease), the efflorescence of rubeola. It continued two or three days, and disappeared without seeming to affect the patient either way, as he lay in the same low state a day or two, but now shows some signs of amendment. The physician now has hopes of his recovery, and attributes the favorable turn of the disease to the fact that the "measles have come out." His opinion is, that when the patient had the measles, four months before this last sickness, at some period, unobserved, of course, by the attendants, and unfortunately for the poor patient, the "measles struck in," and, strange to say, the patient recovered. And now it seems that this mutable disease, having determined to remain no longer quiescent, embodied in material substance, "comes out" to harass the patient with the remainder of its course. Whether it is now all *out*, and the system sufficiently purged, or whether it has not a second time "struck in," to annoy hereafter, time and future events must determine.

Other similar cases have also lately occurred. Have others, among the many readers of your valuable Journal, met with the same phenomenon? or is it more probable that the nature of the case cited above

has been mistaken, and that the eruption appeared from debility or from some other cause?

These inquiries proceed from no acrimonious spirit, but from a desire to obtain information and elicit truth.

H. B. WHITE.

South Orange, Aug. 3d, 1846.

VASCULAR DISEASE OF THE SCROTUM—EMPHYEMA—CANCER OF THE PENIS.

[Communicated for the Boston Medical and Surgical Journal.]

A MIDDLE-AGED man, during violent exertions, was seized with profuse hemorrhage from the dependent surface of the scrotum. Similar bleedings recurred at short intervals; the blood was poured out in a large stream, and was finally restrained by including the open vessel in a ligature. I was then associated with his physician, Dr. Carpenter, in the subsequent management of the case.

The left division of the scrotum was elongated and formed a globular tumor as large as an orange, but it did not involve the wasted testicle or its appendages. It was solid, had a knotty, fibrous feel, and appeared to be formed of a congeries of inelastic vessels. Its color was rosy red; it was entirely circumscribed, neither involving the parts on the right of the septum nor the superior portion of the scrotum by which it was suspended. When at rest, a powerful pulsating movement was communicated to it by numerous large arteries coming from above, each beating with a force exceeding that of the wrist. Moderate pressure caused little pain and no diminution of size. We were told that the morbid growth began in the patient's fourth year, thenceforward increasing slowly, giving little trouble, and receiving no treatment whatever. But the bursting of the vessels and the difficulty of suppressing the excessive hemorrhage was a source of alarm.

Under the circumstances, it was judged by Dr. Carpenter and myself that the proper remedy was excision, and to this measure the patient assented. The cut was made by pushing the knife through the elongated integuments, and carrying it both outward and inward, thus forming a double flap. Six or eight arteries bled profusely and required ligature. The flaps joined neatly, but before closing the wound, it was thought best to remove the remnant of testicle. Complete union quickly succeeded.

Upon cutting up the diseased mass, it was found to be a tissue of distended vessels, terminating in sinuses which would admit the handle of the scalpel. The multiplied vessels were therefore intimately reticulated and bound into a mass by fibrous, or, more properly speaking, cartilaginous tissue, which cut with a gritty sound. In the larger cavities were found many points of ossification, some three or four lines in diameter, solid bone. There were no signs of ulceration or tubercular disorganization. The disease was non-malignant and should, I think, be regarded as of congenital origin, partaking the character of congenital aneurism. The tumor weighed eight ounces.

Empyema.—A young man of tubercular diathesis was attacked with pleurisy of the left side in May, 1845, which ran into chronic inflammation, and this induced difficulties of an aggravated character. I saw him for the first time in September following. He was emaciated, his countenance was pale and anxious, lips puffy and livid, breathing quick and difficult, and he was harassed with incessant cough and expectoration. He could with difficulty only lie in a semi-recumbent posture upon the opposite side. The symmetry of the chest was gone, the left side being elevated and enlarged. Intercostal spaces were tense, and the hand applied to this side received no thrill from the patient's voice, and there was everywhere dull percussion. By listening at this side no vesicular murmur could be heard, but it was discovered that the heart was pushed completely over to the opposite side, where the functional movements were greatly embarrassed.

In conversation with his physicians, Dr. Deane and Dr. Puffer, we agreed in pronouncing upon the presence of a vast puriform accumulation in the pleural cavity of the left side. Acting upon this opinion, the space between (and near the angles of) the eighth and ninth ribs was selected, and the costal pleura exposed by a free incision, and then tapped with a trochar. A full stream of inodorous pus followed this movement, with happy relief to the patient's breathing. The canula (being stopped) was left in the wound, and during a few days the enormous amount of eight pints of pure pus was withdrawn. In the subsequent treatment air was permitted to enter the cavity of the chest by the tube, when suppuration soon ceased altogether, and the side collapsed. For several months the amendment of the patient's health was flattering, leading to the expectation of ultimate recovery. But the bursting out of the abscess through the original wound, has disappointed this hope, and I am informed that the condition of the young man is still precarious.

Cancer of the Penis.—An elderly gentleman applied to me for advice concerning a diseased state of the penis, which upon inspection proved to be cancerous. The substance of the glans was enlarged, ragged, turned out, and separated into deep fissures, through which urine dribbled. The orifice of the urethra was obliterated, and the passage of urine effected with difficulty and pain, while the desire to void it was constant. There was an offensive discharge of thin secretions. Except the glans and urethra, the other structures appeared sound, but in a retracted state. The disease began four years previous, with balanitis, but ignorant of the danger, which daily became greater, and concealing his malady, the patient endured a great amount of suffering, and permitted it to become malignant, and finally to destroy him.

I could not determine the presence of constitutional infection, but believed that such was not the fact; accordingly I amputated the organ, as nearly to its attachment to the pubis as possible, by a single stroke. A canula was fixed into the orifice of the divided urethra, and the wound healed slowly but favorably. But the patient's health, which for a few months was much improved, again began to fail. An enormous swelling (the patient was corpulent) in the right groin and contiguous parts, with

induration and enlargement of the spermatic cord, supervened, discharging at first pus from several fistulous openings. It increased rapidly in extent, became malignant, and carried off the patient nine months after the excision of the penis.

JAMES DEANE.

Greenfield, Aug. 3d, 1846.

MM. ROUX AND BLANDIN, OF PARIS.

[PROF. E. BARTLETT, of the Transylvania University, in a letter to the Editor of the *Western Lancet*, gives the following brief sketches of the two chief surgeons of the Hotel Dieu, in Paris.]

A neat and convenient, but unpretending, close carriage, with a single horse, has just stopped at the entrance; and now let us join the throng of students who are crowding through this door on the right hand, under the portrait of Dupuytren, and opening into the ward of St. Martin. This ward is a long room, bending a little to the sweep of the river, the windows on one side looking out upon a garden now green with the open spring, the stately horse-chesnut and the fragrant lilac just opening their blossoms to the dewy morn. The roof of the room is a double arch, and it is sufficiently wide for three rows of beds, each with its iron frame and its linen curtains—nearly eighty in all—and every one occupied by a patient. The floor, like French floors generally, is a sort of cabinet work of small blocks of hard wood, always kept nicely waxed and polished. In different parts of the room are three or four sisters of charity—everywhere ministers of mercy to the sick and suffering—with their kind and happy faces, and their neat costume, with a large bunch of keys, and their beads and cross hanging from their girdles. Near the upper end of the room, on castors, stands a table with several compartments, for bandages, ointments, and so on, required for dressings. A sister of charity stands by it preparing lint. The surgeon has put on his white linen apron, and a small embroidered velvet cap, called over the names of his *internes*, and squeezing himself in among the students who are crowded closely round the first bed, he stands by the side of his patient. He is above the average height, erect, and rather stoutly built, and looks about 60 years old. He wears a plain black dress and black satin stock. His head is large and well shaped, his hair is thin and nearly white, and the crown of his head almost bald. His features are thick and heavy—especially his lips and nose—the farthest in the world from what romance writers and poetasters call *chiselled*—but they are full of animation and vivacity. His eye-brows are gray and shaggy, and his eyes in such constant and rapid motion, that it is no easy matter to make out their color and expression. A friend said to me, the other day, that both his eyes were slightly divergent, first one and then the other—a very convenient arrangement, he added, as it was their only means of obtaining a little rest. Their color is a very light gray, or blue, almost white. He has the large, soft, smooth, clumpy hand—so common here, that it may well be called the French hand. He speaks with great rapidity, and is under-

stood by foreigners with difficulty—all his motions are quick, earnest, and unaffected. The patient in the bed before us is a fine lad, on whom the surgeon had operated a few days before for stone. I need not ask you to watch his beautiful manner towards his little patient, so full of genial and affectionate kindness. Through all his after life will that boy cherish the remembrance of this kindness—the pappings on his face and the kisses on his cheek—softening the terrible memory of the hospital and the operating room, with their inevitable but frightful array of instruments and spectators. This is Roux. Students say to me that the medical men at the Hotel Dieu are rough towards their patients. I have never seen anything of it—certainly not in Roux. I was particularly struck, last summer, with his manner towards a poor woman, on whom he was to operate that morning for an extensive laceration of the perineum. Nothing could be kinder or more gentle. The patient was feeble, timid and full of apprehension. Roux said, "*Come, come, I will tell you frankly, the operation will be painful, but still you will be able to support it: have patience—have courage, and be resigned.*" Nearly the same scene was repeated, when she came into the amphitheatre, and was placed on the operating table. Roux kissed her cheek, smoothed back the hair from her pale forehead, and did all that could be done to animate her faltering courage with words of encouragement and hope. When I was a student in Paris, twenty years ago, Roux was the second surgeon at La Charité; his father-in-law, the veteran Boyer, being surgeon in chief. The surgeons at the Hotel Dieu then, were Dupuytren, Breschet and Sanson, all since dead. Roux is now surgeon in chief of the Hotel Dieu, and next in rank is Blandin. Three times a week they give, each of them, a clinical lecture, after the conclusion of their visits. Blandin is the favorite lecturer of the two. His enunciation is much more distinct than that of Roux, and his manner, as a teacher, altogether better. His lecture this morning was mostly upon erysipelas, and a very interesting and capital lecture it was. He says the cutaneous inflammation is only one element of the disease, and that it is almost always preceded by inflammation and engorgement of the lymphatic ganglia in the neighborhood of the erysipelas itself. He says the disease may almost always be arrested—*jugulated*, as the French say—by prompt and persevering treatment—leeching, sedative lotions, and so on—applied to the inflamed ganglia.

CODE OF MEDICAL ETHICS.

[THE following Code of Medical Ethics was adopted by the Ohio Medical Convention in 1835, and at the meeting of the Convention the present year was ordered to be printed with the proceedings of the year.]

Rule 1. It is the duty of every medical practitioner to treat his patients with steadiness, tenderness and humanity, and to make due allowance for that mental weakness which usually accompanies bodily disease.

Secrecy and delicacy should be strictly observed in all cases in which they may seem to be particularly required.

2. The strictest observance of temperance cannot be too strongly inculcated in the minds of practitioners of medicine and surgery ; a clear and vigorous intellect and a steady hand being absolutely necessary to the successful practice of those branches of medical science.

3. Unfavorable prognostications should never be made in the presence of patients ; yet, should there seem to be immediate danger, it becomes the duty of the medical attendant to apprise the patient's friends of that circumstance.

4. In every instance in which one physician has been called on to visit the patient of another, a consultation with the former medical attendant should be proposed. Consultation in difficult cases should always be recommended ; and the physician called on for that purpose should always pay the greatest degree of respect to the practitioner first employed, and allow him the privilege of delivering all the directions agreed upon.

5. Special consultations are sometimes wished for : in such cases the physician called on should carefully guard against paying another visit, unless he should be requested to continue his services by the patient or some of his friends.

6. When one physician is called on to visit the patient of another in his absence, or during short indisposition, he should not manifest a wish to continue in attendance any longer than till the physician first called on should be able to resume the charge of the case, unless a continuance of his services should be expressly wished for by the patient or his friends.

7. Physicians should not visit their patients too frequently, lest seeing them oftener than necessary might produce unsteadiness in the treatment.

8. Theoretical discussions should not be too frequently indulged in consultations, as they frequently give rise to much perplexity, without any improvement in practice.

9. The junior physician in attendance should always deliver his opinion first ; the others according to seniority, and a majority should decide ; but in the event of a tie, the physician first in attendance should give the casting vote in regard to the future treatment, and to him should be entrusted the future management of the case, unless the patient or his relations should object to his being continued.

10. Although the possession of a diploma honorably acquired, furnishes presumptive evidence of professional ability, and entitles its possessor to pre-eminence in the profession, yet the want of it should not exclude practitioners of experience and sound judgment from the fellowship and respect of the regular graduate.

11. In consultation, punctuality in meeting at the same time should be strictly observed ; but the physician who first arrives, should wait a reasonable length of time for the arrival of others. A minute examination of the patient, however, should not take place until one or more of

the medical attendants are present, except in cases of emergency. All subsequent visits should, if practicable, be made by mutual agreement, and no medical discussion should take place in the presence of the patient.

12. Attendance on members of the profession or their families should always be gratuitous, but should not be officiously obtruded. Should the circumstances of the medical practitioner indisposed enable him to make a recompense for medical services rendered to himself, his wife or family, it is his duty to do so, especially if he reside at a distance.

13. When one medical practitioner is called on to visit a patient whose recovery has been despaired of by the physician first in attendance, and the disease should afterwards terminate fatally under his management, he should avoid insinuating to the friends of the deceased, that if he had been called on a day or a few hours sooner, he could have effected a cure. Such a course of conduct is reprehensible, and empirical in the extreme. And, in the event of the patient's recovery, such a person should not assume all the credit, as the cure might have been partly effected by the medicines prescribed before he took charge of the case.

14. The use of nostrums and quack medicines should be discouraged by the faculty, as degrading to the profession, injurious to health, and often destructive of life. Should patients laboring under chronic complaints obstinately determine to have recourse to them, a reasonable degree of indulgence should be allowed them by the physician; but it is his sacred duty to warn them of the fallacy of their expectations, the danger of the experiment, and the necessity of strict attention to the effect produced by them, in order that their bad effects, if any, should be timely obviated.

15. No physician should either by precept or example contribute to the circulation of a secret nostrum, whether it be his own invention, exclusive property, or that of another. For, if it be of real value, its concealment is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

16. In all cases where diversity of opinion and opposition of interest give rise to controversy or contention between two or more members of the profession, the decision should be referred to a sufficient number of physicians, as they are frequently the only persons in the community, capable of properly estimating the merits of the dispute. But neither the subject litigated, nor the decision thereon, should be communicated to the public, as individual reputation might suffer, and the reputation of the profession generally be injured.

17. A wealthy physician, or one retired from practice, should refuse to give gratuitous advice, unless the danger of the case (the absence of the practising physician) or the poverty of the patient, should warrant him in so doing. In all cases where he may be preferred, he should recommend a consultation with some one in active practice. This rule should be strictly observed, as a contrary course is gratuitously depriving active industry of its proper reward.

18. When a physician is called on suddenly to visit the patient of another, in consequence of some unexpected or alarming change in the symptoms, he should adopt a temporary plan of treatment, suited to present circumstances. He is not warranted in interfering afterwards, unless requested to take charge of the case, when he should propose an immediate consultation with the physician previously employed.

19. Physicians should never neglect an opportunity of fortifying and promoting the good resolutions of patients suffering under the bad effects of intemperate lives and vicious conduct; and, in order that their counsels and remonstrances may have due weight, it will readily be seen that they should have full claim to that blameless life and high moral character which we have stated to be a pre-requisite to an honorable stand in the profession.

20. Medical men should "remember the Sabbath day to keep it holy;" and visits should, as far as consistent with professional engagements, be made either before or after public worship, or during its intervals.

TREATMENT OF SMALLPOX BY IODINE.

By Samuel Jackson, M.D., of Philadelphia.

In April, 1845, I was led to make an experiment of aborting smallpox by the tincture of iodine, from contemplating its wonderful influence over erysipelas. I applied it to one arm of a child 11 months old, in confluent smallpox, on the third day of the eruption, and to the arm which appeared the worst, rubbing it freely on with a sponge three times that day and twice the next. On the 11th day, when the pocks over the whole body were at their height, elevated with hard bases, those of the medicated arm were entirely flat, with thin, purulent matter under the dead cuticle, without any swelling of the part. In this state was the disease when I showed the case to Drs. Bond and Nancrede, who agreed with me that there was a complete abortion. There are, however, some very slight pits now to be seen, but they are very inconsiderable when compared with those on the other arm.

I have not had an opportunity of repeating the experiment, for during the late epidemic I saw nothing but varioloid, and that so slight that no trial could be made. I mentioned the child's case to a number of physicians, but I do not know that any of them tried the medicine, except Drs. Goddard and Sargent, whose written reports I send you.

Dr. Sargent used the iodine on one side of the face in 25 cases—"the swelling, soreness and tenderness were very much less than on the side not covered; each pock remained flattened; but I cannot say that it prevented pitting."

Dr. Goddard writes that he had tried the medicine in five cases—"not one of the patients shows the least pit or mark; none of them had been vaccinated, and the disease was confluent in most of them."

Dr. Sargent's experiments are not as favorable as Dr. Goddard's and

my own—possibly from using a feebler medicine. That which I used was taken from my own closet, made by myself.

One advantage of this treatment is, that it removes the cuticle and leaves the part free from those disgusting discolorations which commonly remain for months.

It might be well to consider how far it would be prudent to extend the application over the body, in order to mitigate the disease, in malignant or even in severe cases. No fair trial can be had without applying it on the first day of the eruption and continuing it for several days, say five or six.

I have found the same medicine an admirable remedy in the irritable ulcer with an inflamed surface, and erysipelatoid margins. It soon kills the cuticle, and with this the whole inflammation disappears, when a little lunar caustic to the ulcer disposes it to granulate.—*Med. Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 12, 1846.

Case of False Aneurism—Action for Malpractice.—We find the following case reported in the last No. of the Western Journal of Medicine and Surgery. It is interesting on account of showing the possibility of a grave accident in bleeding, without any apparently very gross carelessness, and the liability of physicians to be called on for damages when accidents do occur. The case is reported by Dr. E. D. Foree, of New Castle, Ky.

"At the July Term (1844) of the Henry Circuit Court, New Castle, Ky., Hon. Judge Prior presiding, Boon Regland, through his attorneys, Wilson and Buckley, complained that Dr. Geohaghan had negligently, carelessly, or unskilfully wounded an artery at the bend of the right arm, which had caused a false aneurism, thereby producing to him much pain, long suffering, and a partial loss of the use of his arm, making it necessary for him to expend much money in procuring its restoration; upon which plea he claimed of defendant, in money, a fair remuneration for the injury.

"The defendant, Dr. Geohaghan, through his attorneys, Nuttall, Webb and McHenry, pleaded guilty, whereupon the following proof was presented to the jury:

"Mr. Ferris, student of defendant, testified, that Dr. Geohaghan is a practising physician of this county; that about the 12th of last November the plaintiff came to defendant's office and asked witness if he could bleed, adding that his physician, Dr. Goslee, had directed him to lose blood. Witness replied that he could, but being engaged, defendant rose from the bed upon which he was resting, corded plaintiff's right arm, and bled him. The blood was venous in its appearance, and flowed in a large regular stream, without any jetting impetuosity; the orifice was dressed in the usual mode; the flow of blood was easily arrested; patient

complained of faintness, but of nothing else, and left defendant's office after the lapse of a few minutes. The second day afterwards he returned; the arm was now much swollen, and straw colored; plaintiff complained of its being very painful, whereupon a poultice was directed by defendant. A week or ten days subsequently, witness, at the request of defendant, went to plaintiff and solicited him not to submit to amputation, which he understood had been advised, proposing to take him to Dr. Dudley, in Lexington, to be treated by him, and to defray all expenses that might be incurred by the trip.

"Mr. Wells testified, that he accompanied plaintiff to defendant's office; saw the latter perform the venesection; thought defendant made the incision very hurriedly; used the thumb lancet; held it between the thumb and index finger; did not rest his hand upon plaintiff's arm.

"Mr. Scott affirmed, that he saw plaintiff about two hours after he was bled; he then complained of great feebleness, and of intense pain in the arm, which was considerably swollen about the elbow; saw patient frequently during his long confinement; saw him two or three days after he was bled, when his arm was excessively swollen, the tumor extending to the shoulder in one direction and to the fingers in the other. The limb was of a straw color and very painful. Witness told defendant that he was instructed by plaintiff to say to him, that he would freely forgive him the injury done if he would visit him (the plaintiff). Defendant did not comply with plaintiff's request.

"Dr. Goslee testified, that plaintiff called on him at his office in this town on the 22d November. Witness invited his friend, Dr. Owens, to see the case with him. Patient told him that ten day previously he had been bled; that the arm swelled very much a few hours afterwards, and was very painful; that the second day after the bleeding he had applied poultices, and had continued them until that time. The limb was excessively swollen and indurated throughout its whole length; was not very tender to the touch; of a straw color, not very painful, but quite hot; had at the wrist a very small, quivering and thread-like pulse. Witness could not make out a very satisfactory diagnosis, but thought it might be phlebitis; patient had come about eight miles on horseback to see him, and returned to his home the same day. He directed the patient to continue the poultices and wash the arm with a solution of sugar of lead. On the 24th of the same month he visited him at his father's house; found the limb not so much swollen, cedematous, and less painful; applied a bandage, which was directed to be kept wet with a solution of sugar of lead; gave a purgative.

"29th.—Visited him again; found the limb not so much swollen, and its surface cool. Directed rubefacient frictions, and the bandage to be continued.

"From that time until the 24th of the succeeding month he visited patient frequently; did not vary the treatment materially, and but little alteration occurred in the state of the limb. Meanwhile patient's general health rapidly declined. On unrolling the limb, Dec. 25th, coagulated blood passed out through the original orifice, where an ulcer had now made its appearance. Witness then became satisfied that it was aneurism, and sent patient to a surgeon in Louisville to be treated by an operation.

"Dr. Drane testified, that on the 26th of December plaintiff called

upon him, in Louisville, to examine his arm. Witness believed it to be aneurism caused by injury of the artery. On the following morning, assisted by Dr. Gross, he cut down and tied the brachial artery above and below a wound which they found in it, and afterwards pressed out through the incision twenty-five or thirty ounces of blood, which had been effused into the cellular tissue of the arm. The disorganization of the parts was so great that witness could not ascertain precisely the nature and extent of the opening in the artery, but, judging from the size of the stream of blood which jetted out, it must have been a large one. Patient was much emaciated, and so enfeebled that he could not stand or sit upright; had no pulse in radial artery; remained in the care of witness three months, when he was discharged nearly convalescent. The charges of witness and Dr. Gross for medical attendance on plaintiff were \$150; the other expenses incident to his stay in the city were not less than \$50. Dr. Drane, on being asked, said he believed defendant to be a well-informed physician, though he has no personal acquaintance with him; thinks such accidents must always occur as the result of carelessness, or unskilfulness; they have happened to distinguished surgeons, but never ought to occur; with care can always be avoided. A vein may be transfixed, and an artery wounded, and yet by a change of relative position of the two vessels the arterial bleeding not be manifest.

"Dr. Wright testified, that he had known defendant several years; believes him to be a good physician, and a dexterous surgical operator.

"After several able speeches by the attorneys, the case was submitted to the jury; after an absence of half an hour they brought in a verdict of \$275 for the plaintiff, which was confirmed by the Court."

Medical Society of Tennessee.—Two months after the close of the last session, the transactions of the Tennessee Society have reached this latitude. On the 6th of May the members assembled at Nashville, and elected Dr. A. H. Buchanan President for the two coming years; Dr. C. K. Winston, Corresponding Secretary; and Dr. J. W. Stout, of Nashville (the residence of the President), Recording Secretary. An examination of the report of the Society's doings, does not bring to light quite as many striking acts of vigorous discipline, as have sometimes characterized the anniversary proceedings of the Society in past years. More lenity is shown towards delinquent committee men, and non-reporting Fellows, than in former times. Perhaps this is merely an evidence of the progress of brotherly love, and a forgiving spirit. There was a period when the roll was called, and if there was not a prompt response, a fine of two dollars was exacted. Dr. Avent, the orator selected for the present occasion, being indisposed, was excused. Dr. J. E. Manlove, of Davidson County, was appointed by the Chair to deliver an address at the next anniversary, in May, 1847.

South Carolina Medical College.—An examination of the catalogue of this institution is very gratifying, as it reveals the fact that a powerful influence is exerted on the medical character of the sunny South, through the instrumentality of the medical school at Charleston. Two hundred and ten students were in attendance on the lectures, the last term—seven-

ty-four of whom were graduated. An essay on organogeny, by W. Mydleton Michel, of Charleston, gained the approbation of a select committee, and is to be published. Gentlemen pursuing medical studies at the North, whose constitutions are impaired by the severity of the winter, would gain both knowledge and health by passing the cold season in South Carolina, under a board of professors distinguished for their attainments, urbanity and kindness to strangers.

Uterine Adjuster.—A new instrument, of novel construction, has been invented by Alexander Parsons, M.D., of Eastport, Me., which bears the above name. It is represented to give immediate relief in prolapsus uteri. Further, an accompanying card says, that being adapted to the anatomical arrangement of the parts, no disagreeable sensation follows its introduction, as ordinarily occurs in wearing pessaries. Of this, however, we only know what is announced in the circular. The workmanship is beautiful, the materials being silver and ivory, and therefore of an enduring character. Dr. Parsons has been about two years devoted to the construction of what he intends should be the best contrivance for relieving a great body of female sufferers, and he now fully believes that the object has been satisfactorily attained. A finely-finished specimen of the adjuster may be seen by calling on the editor, together with a part of one which has been used a considerable time, the object of which is to show its condition after service. We dare not undertake a description, from consciousness of an inability to convey a correct idea of the shape and general appearance. If Dr. Parsona has accomplished what he believes he has, he is a benefactor who will have a wide-spreading fame. The following are his own remarks:—

"The advantages of this over every form of pessary which I have yet used or seen, are as follows. 1st. There is no uncomfortable distension—for the bard and mouth-piece are intended to be no larger than the vagina. 2d. So far as my observation goes, it is worn with ease, and the subject is enabled to use exertion of any kind (I except, of course, those cases in which there is great tenderness of the parts, for then I am aware no instrument can be worn). 3d. They do not require the assistance of a physician after being once adjusted."

Prize Essay in Tennessee.—The Tennessee Medical Society last year offered a Prize of \$50 for the best essay on *scrofula*. Four essays were presented at the late meeting of the Society in Nashville, of which the one written by W. L. Sutton, M.D., of Georgetown, Ky., obtained the prize. Dr. S. was the writer of an essay last year, which obtained the prize offered by a lady for the best essay on the *health of clergymen*.

Dr. Samuel B. Woodward.—When Dr. Woodward was about to retire from his official connection with the State Lunatic Hospital, and to remove to Northampton, a voluntary meeting of the citizens of Worcester was held (says the *Ægis* of that town), in which it was determined to take measures to procure his bust in marble, to be executed by a competent artist, to be deposited in the Hospital, at the expense of such citizens

as should be disposed to unite in contributions for that object, and a committee was chosen to accomplish the wishes of the meeting. The necessary funds have been raised, and Mr. J. C. King, of Boston, a distinguished sculptor, has been selected as the artist.

Boylston Medical Prizes.—The Boylston Medical Committee of Harvard University, at their annual meeting, last week, awarded prizes of the value of \$60 dollars, for the dissertation on two medical subjects previously propounded. On opening the sealed packets accompanying the successful dissertations, it was found that the authors were Drs. Henry G. Clark and Samuel Kneeland, Jr., both of this city.

Scotch Vomit.—A correspondent will please accept our acknowledgments for his favor, detailing the particulars in regard to the way the Scotch vomit is produced. As it is an obsolete remedy, and not likely to be revived in this age of refinement, we have no doubt that he will concur with us in the opinion that nothing will be lost to science by allowing the recipe to remain on file till some marked case demands its appearance.

To CORRESPONDENTS.—Dr. Badgley's case of Apoplexy will be inserted next week.—A General Index of the most important articles in thirty-three published volumes of this Journal, kindly prepared by Dr. Swift, of Philadelphia, is in the hands of the printer, and will be forwarded to subscribers soon. Also the Title-page and Index of last volume.

MARRIED.—At St. Louis, Mo., Dr. W. M. McPheeters to Miss Pink.—Dr. J. V. Prather to Miss Henrietta M. Booker.—Dr. C. A. Pope to Miss Caroline O'Fallon; Professors in the Medical School of St. Louis University.

DIED.—Dr. W. Ferguson, of Liberia, on his way to England.—At Addison, Me., Dr. Elias Morton, 99, a native of Connecticut, a surgeon's mate in the revolutionary army, and a U. S. Pensioner.—At Schenectady, N. Y., Dr. Archibald Craig, 71.

Report of Deaths in Boston—for the week ending Aug. 8th, 92.—Males, 42, females, 50. Of consumption, 5—cholera infantum, 15—disease of the bowels, 23—dysentery, 4—cholera morbus, 3—paralysis, 1—dropsy on the brain, 4—convulsions, 3—infantile, 9—measles, 1—scarlet fever, 3—typhus fever, 7—brain fever, 1—lock-jaw, 1—teething, 1—marasmus, 2—canker, 1—ulcers, 1—old age, 2—disease of the heart, 1—smallpox, 1—intemperance, 1—inflammation of the bowels, 1—scrofula, 1.

Under 5 years, 66—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 1—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

July.	Therm.	Barometer.	Wind.	July.	Therm.	Barometer.	Wind.
1	from 65 to 66	from 29.36 to 29.41	N E	17	from 57 to 67	from 29.75 to 29.80	N E
2	62 83	29.23 29.33	N W	18	57 67	29.60 29.65	N E
3	62 81	29.45 29.50	N E	19	62 69	29.50 29.50	N E
4	59 82	29.32 29.40	S E	20	63 80	29.43 29.48	S W
5	69 82	29.13 29.32	S W	21	62 80	29.40 29.48	S W
6	67 87	29.14 29.17	S W	22	70 75	29.43 29.53	S W
7	65 85	29.19 29.20	N W	23	66 80	29.16 29.26	N W
8	60 83	29.23 29.25	N W	24	66 83	29.16 29.16	S W
9	62 82	29.22 29.34	N W	25	60 70	29.16 29.37	N E
10	66 92	29.27 29.30	S W	26	58 75	29.42 29.48	N E
11	73 92	29.30 29.32	S W	27	60 72	29.50 29.50	N E
12	72 80	29.19 29.23	N W	28	60 82	29.44 29.51	S W
13	66 79	29.24 29.30	N W	29	52 74	29.30 29.40	S W
14	63 76	29.28 29.29	N W	30	69 85	29.20 29.26	S W
15	56 76	29.30 29.45	N W	31	73 67	29.23 29.30	S W
16	50 72	29.54 29.69	N W				

Range of Thermometer, from 50° to 92°. Barometer, from 29.15 to 29.80. Rain, 3.51 inches.

Personal Appearance of Mr. Lawrence and Mr. Liston.—Dr. Yandell, now in London, gives the following description of the two great metropolitan surgeons, in the July No. of the Western Journal.

"Among the eminent medical men of London I have already had the pleasure of meeting Mr. Lawrence and Mr. Liston, the first of whom is surgeon to Bartholomew's and the other to the University Hospital. Mr. Lawrence is an elderly gentleman, of fine person, large head, and expansive forehead, and in blandness and courteousness of manners is a good specimen of the "fine old English gentleman." He visits the Hospital twice a week, and I shall make a point of being always present at his clinics. You rarely see so much size and physical strength combined with such rapidity of movement in the same person as you are struck with in Mr. Liston. As he moves about over the city he drives ahead like one putting out fire; and his walk is characteristic of the man, rapid and untiring. When in his carriage his horses go in a sweeping trot; when he alights from it he runs rather than walks; in the wards of the Hospital he glances at a patient and seems to perceive by intuition the nature of his disease and the remedy for it; he asks but few questions, makes a few remarks, enjoins simple and brief directions, and then moves on to another. His business at the Hospital despatched, he runs back to his carriage, and whirls away to attend to his large business. But with all this celerity of motion, he does nothing in a hurry; but whatever he undertakes he performs thoroughly and well. His organization is eminently a happy one. If he were a slothful man he would soon grow fat, and becoming so, would cease to exert himself sufficiently to maintain that prominent station which he now justly occupies among the surgeons of this great metropolis. He is a Scotchman by birth, nearly six feet high, of a Herculean frame, and still in the prime of philosophical life. He has performed the operation of lithotomy one hundred and forty times, and that of lithotripsy sixty times."

DENTAL INSTRUMENTS.

JOSEPH BURNETT, Apothecary, No. 33 Tremont Row, offers to the Profession a complete assortment of Dental Instruments, from the celebrated manufacturer, J. D. CHEVALIER, including EXTRACTING FORCEPS (*Flagg's Patterns*); IMPROVED TURNKEYS, ELEVATORS, PLUGGERS, SCALERS, EXCAVATORS, BURN'S DRILLS, GUN LANCES, FILES, &c.

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Feb. 11.—if

PROFESSOR CLEVELAND'S OPINION OF KELLEY & CO.'S CONCENTRATED EXTRACT OF SARSAPARILLA.

Bowdoin College, May 6, 1846.

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In this belief he is confirmed by comparing it with several other preparations of Sarsaparilla, and more particularly by knowing the process by which Kelley & Co.'s is made.

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June 10—2m

CHARITABLE INFIRMARY.

THE Subscribers will attend to diseases of the poor, and where necessary, perform surgical operations gratuitously, at No. 1 Carver street, between 11 and 12 o'clock, on Mondays and Thursdays.

WINSLOW LEWIS, Jr. M.D.

S. CABOT, Jr. M.D.

March 18.—ep6m